

#PATHFORWARD

Pledge

I pledge to build a #PATHFORWARD to improve behavioral health in my community.



Photo by the National Congress of American Indians.

Signature: _____

PHOTO, VIDEO, AND QUOTATION RELEASE DISCLOSURE

By posting a photo with the hashtag #PATHFORWARD and your pledge, you have the ability to be featured during the Path Town Hall event. The following disclosure statement must be signed in order to grant SAMHSA the permission to display your image at the Town Hall.

I hereby grant to the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA), permission to use the photo and/or other digital reproduction of my child or myself, _____, without compensation or any other consideration at the PATH Town Hall event.

I also understand that these photographs, quotations, and/or digital production will be in the public domain and SAMHSA may further reproduce, edit, alter, copy, exhibit, publish, or distribute these photographs without further permission.

I waive the right to inspect or approve the finished product, including any written or electronic copy, wherein my image, likeness, or voice appears. In addition, I hereby hold harmless and release and forever discharge SAMHSA and HHS from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

We, the undersigned, have read, understand, and agree to the Photo/Video and Quotation Release Disclosure.

Print Youth Participant Name	Signature	Date
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I certify that I am a custodial parent/legal guardian and have the aforementioned rights to assign (required if youth participant is 17 years of age and younger).

Name of Parent/Guardian	Signature	Date
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Please return signed photo releases to:

Sharece.Tyer@samhsa.hhs.gov and Carol.Moreno@samhsa.hhs.gov.